Application for

OFFICE OF SECRETARY OF STATE

GEORG IA	KECORDS DISPOSITION STANDARD	RECORDS MANAGEMENT DIVISION
2. Agency Application No.	INSTRUCTIONS. See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	pate Received Application No. Date Completed MAR 1 4 1974 74-84 MAR 22 1974
3 Dept. of Human Resou Div. of Physical Hea Health Improvement S Adult Health Unit	lth	Ruth Moody 5. Norking Title Staff Supervisor 6. Tel. No. 656-4891
7.ACTION REQUESTED		
1 · · I X 1	,	OSE OF PRESENT ACCUMULATION; URTHER ACCUMULATION ANTICIPATED
Dates of Series 1969 - present	9. Exact Series Title RHEUMATIC FEVER MEDICINAL FILES	
What is the function The Division of Phys	of the office in which this record s ical Health, headed by the Director, i	eries is created? s responsible for the adminis-

tration, direction and coordination of Physical Health Programs in the State, such as: the establishment of health standards for businesses, housing, field operations, and hospitals throughout the State; the improvement of the physical and dental health of the residents of the State; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities.

The Adult Health Unit plans, coordinates and carries out programs whose purpose is to prevent development of chronic diseases and promotes the early detection and treatment of patients with heart diseases, strokes, chronic lung diseases, diabetes, arthritis, as well as other problems of the aged.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to a doctor's prescription recommending that rheumatic fever prophylactic medication be supplied by the State to patients who are financially unable to obtain that medication without such assistance.

Included are: form PD 2.2 (Application for Rheumatic Fever Prophylactic Medication) which identifies the patient and physician, indicates the medication required, indicates the inability of the patient to purchase the drugs and requests the Ga. Dept. of Human Resources to provide the patient with drugs at no cost; form PD 2.75 (Renewal Request for Rheumatic Fever Prophylactic Medication) which may indicate the renewal of the medication prescription, change of medication dosage and/or the discontinuance of the prescription.

SEF CONTINUATION SHEET

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12.	EQUIPMENT OCCUPIED	No. of Drawers	Cu. Pt. of Records		No. of	Drawers	Cu. Pt. o	f Records
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QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain	VEC NO
	YES NO
	, (x) [x]
15. Is the information contained in this series ever summarized or published? Attach copy of summary or publication.	[] [x]
16. Does the series contain classified information requiring security handling?	[][x]
17. Does the series initiate, amend or terminate agency policies and procedures?	[] [x]
18. Could the function be performed if the files were lost or destroyed?	[x] []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why?	[] [x]
. 20. Does the record series provide data as input to an EDP file?	[] [x]
21. Does the record series contain documentation produced as EDP printout?	[] [x]
22. Has the Federal Government issued instructions governing the retention/dispo	.[][x]
sition of these files?	
23. Will there be a need for these records 10, 15 years from now? If yes, what?	<u> </u>
24. REQUIREMENTS. The following requires the files to be kept 30 2 years:	111 11 11 11 11 11 11 11 11 11 11 11 11
a. STATE b.[]STATUTE OF c.[]AUDIT d.[]FEDERAL e.[X]ADMINISTRATIVE f.[]HIST	ORICAL
LAW LIMITATION PERIOD LAW DECISION VALU (Cite Law, Statute, or other reason for the retention requirement)	E tie +
SEE CONTINUATION SHEET	· ' '
SEE CONTINONITON SHELL	i
25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at of each - CALENDAR YEAR -[]FISCAL YEAR -[]OTHER	
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